

Signature Document

AREA AGENCY ON AGING_____

CLOSEOUT PERIOD_____

PSA NO:_____

DATE:_____

- ☐ CDA 180: Title III/VII, IIIE, and CBSP
- ☐ CDA 90: Senior Community Services Employment Program (Title V)
- ☐ CDA 230: Health Insurance Counseling and Advocacy Program (HICAP)

I hereby certify to the best of my knowledge and belief that the Financial Closeout Report is accurate, current, and discloses the financial results of each project or program funded by this Area Agency with Older Americans Act Title III/VII funds, Older Californian's Act CBSP funds , federal and State SCSEP funds, and HICAP funds, as applicable.

SIGNATURE OF AREA AGENCY DIRECTOR		PRINTED NAME	DATE
>			
FOR STATE USE ONLY			
AAA-BASED TEAM/FISCAL SPECIALIST	DATE	TEAM COACH	DATE
>		>	

FINANCIAL CLOSEOUT REPORT

SUMMARY REPORT OF ACTUAL COSTS

CDA 180 (7/05) Page 1

TITLE III ADMIN AND TITLE III PROGRAMS

CONTRACT PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
COST CATEGORIES		(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III D Disease Prev	(f) III E Family Caregiver	(g) Total Title III Costs
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. DIRECT AREA	CASH							
	IN-KIND							
AGENCY COSTS (=)	CASH							
	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL AREA	CASH							
	IN-KIND							
AGENCY COSTS (=)	CASH							
	IN-KIND							
11. Contracted Services Costs (+)	CASH							
	IN-KIND							
12. TOTAL TITLE III COSTS (=)	CASH							
	IN-KIND							
13. TOTAL CASH & IN-KIND								

TITLE III, TITLE VII, AND COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

CONTRACT PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:			CONTRACT NO.:		DATE:	PSA NO.:
COST CATEGORIES		(a) VII Ombudsman	(b) VII Elder Abuse Prev	(c) Total Title VII	(d) Total Title III (Page 1 Col (g))	(e) Total Title III & VII	(f) Community Based Services	(g) Total III, VII, & CBSP
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. DIRECT AREA	CASH							
AGENCY COSTS (=)	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL AREA	CASH							
AGENCY COSTS (=)	IN-KIND							
11. Cost of Contracted Services (+)	CASH							
	IN-KIND							
12. TOTAL AREA	CASH							
PLAN COSTS (=)	IN-KIND							
13. TOTAL CASH & IN-KIND								

FINANCIAL CLOSEOUT REPORT

SUMMARY REPORT OF FUNDING

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TITLE III, VII, & COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

CONTRACT PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
SECTION A FUNDING SOURCES		(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III D Disease Prev	(f) III E Family Caregiver	(g) Total Title III
1. Program Income	CASH							
2. NSIP	CASH							
3. Non-Matching Contributions	CASH							
	IN-KIND							
4. State Funds	CASH							
5. Matching Contributions	CASH							
	IN-KIND							
6. Federal Funding Grandparent	CASH							
7. Federal Funding Other	CASH							
8. TOTAL TITLE III	CASH							
	IN-KIND							
FUNDING	IN-KIND							
9. TOTAL CASH & IN-KIND								
SECTION B FUNDING SOURCES								
10. Program Income	CASH							
11. NSIP	CASH							
12. Non-Matching Contributions	CASH							
	IN-KIND							
13. State Funds	CASH							
14. Matching Contributions	CASH							
	IN-KIND							
15. Federal Funding Grandparent	CASH							
16. Federal Funding Other	CASH							
17. TOTAL AREA	CASH							
	IN-KIND							
PLAN FUNDING	IN-KIND							
18. TOTAL CASH & IN-KIND								

MATCHING CONTRIBUTIONS & ADEQUATE PROPORTION

CONTRACT PERIOD:	[] ORIGINAL [] REVISION NO.:	CONTRACT NO.:	DATE:	PSA NO.:
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SECTION A

AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS

Source	Cash	In-Kind	Total
TOTAL			

SECTION B

LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS

Source	Cash	In-Kind	Total
TOTAL			

SECTION C

MINIMUM TITLE III MATCHING REQUIREMENTS

ITEM	(a) Area Plan Admin	(b) Title III B, C, & D Programs	(c) Title III E Programs	(d) Total Min Matching
1. Costs to be Matched				
2. Required Matching Percentages	25%	10.53%	25%	
3. Minimum Required Match				
4. Required Local Public Agencies Matching = Line 3 x 25%				

SECTION D

MINIMUM CBSP MATCHING REQUIREMENTS

ITEM	(a) Brown Bag	(b) Brown Bag	(c) ADCRC	
1. State Funds				
2. Required Matching Percentages	25% Cash	25% In-Kind	25%	
3. Minimum Required Match				

SECTION E

ADEQUATE PROPORTION CALCULATION FOR PRIORITY SERVICES

ITEM	Amount		
1. Total Supportive Services Federal Share Page 5 Column (h) Total III B (+)			
2. Less III B Ombudsman Federal Share Page 5 Column (h) Direct and Contracted Ombudsman (-)			
3. Less III B One-Time-Only (-)			
4. Equals III B Supportive Services Base Allocation (=)			
Priority Services (Do not include OTO)	Federal Share	% of Base*	Approved Percentage^
5. Information & Assistance			
6. Case Management			
7. Assisted Transportation			
8. Transportation			
9. Outreach			
10. Total Access			
11. Personal Care			
12. Homemaker			
13. Chore			
14. Visiting			
15. In-Home Respite			
16. Alzheimer's Day Care			
17. Minor Home Modification			
18. Adult Day/Health Care			
19. Total In-Home			
20. Legal Assistance			

* Total Federal Share Divided by III B Base (line 4)
^ As Approved in the Area Plan

SCHEDULE OF SUPPORTIVE SERVICES (III B)

CONTRACT PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:
SERVICE CATEGORIES	(a) Total Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
	(c) Cash		(d) In-Kind	(f) Cash		(g) In-Kind		
PART I DIRECT SERVICES								
Program Development								
Coordination								
TOTAL DIRECT III B SERVICES								
PART II CONTRACTED SERVICES								
Personal Care (In-Home)*								
Homemaker (In-Home)*								
Chore (In-Home)*								
Adult Day/Health Care (In-Home)*								
Case Management (Access)*								
Assisted Transportation (Access)*								
Transportation (Access)*								
Legal Assistance*								
Information & Assistance (Access)*								
Outreach (Access)*								
Other Services:								
a. Housing								
b. Alzheimer's Day Care (In-Home)*								
c. Security/Crime								
d. Health								
e. Mental Health								
f. Comm Svcs/Senior Center Mgt								
g. Employment								
h. Consumer								
i. Visiting (In-Home)*								
j. In-Home Respite (In-Home)*								
k. Minor Modification (In-Home)*								
l.								
Ombudsman								
TOTAL CONTRACTED III B SERVICES								
TOTAL III B SUPPORTIVE SERVICES								

*-Denotes Priority Services Category

[illegible]

**SCHEDULE OF NUTRITION (III C-1 & III C-2) &
DISEASE PREVENTION (III D) PROGRAMS**

CONTRACT PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
PROGRAMS	(a) Total Costs	(b) Program Income	(c) NSIP	Non-Matching Contributions		(f) State Funds	Matching Contributions		(i) Federal Share
				(d) Cash	(e) In-Kind		(g) Cash	(h) In-Kind	
III C-1									
Congregate Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-1									
III C-2									
Home Delivered Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-2									
III D									
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management									
Total III D									
CONGREGATE NUTRITION			HOME DELIVERED NUTRITION						
COST CATEGORIES	(j) Total Costs		COST CATEGORIES	(k) Total Costs					
Personnel			Personnel						
Travel & Training			Travel & Training						
Equipment			Equipment						
Consultants			Consultants						
Catered Food			Catered Food						
Raw Food			Raw Food						
Other Costs			Other Costs						
Indirect Costs			Indirect Costs						
TOTAL III C-1 COSTS			TOTAL III C-2 COSTS						

[illegible]

**SCHEDULE OF DISEASE PREVENTION (III D),
VII OMBUDSMAN, & VII ELDER ABUSE PREVENTION CONTRACTORS**

CONTRACT PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
CONTRACTOR	Service Provided	(a) Total Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
CONTRACT NUMBER				(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
TOTAL DISEASE PREVENTION									
	VII OMB								
	VII OMB								
	VII OMB								
	VII OMB								
	VII OMB								
TOTAL VII OMBUDSMAN									
	VII ELDER ABUSE PREV								
	VII ELDER ABUSE PREV								
	VII ELDER ABUSE PREV								
	VII ELDER ABUSE PREV								
TOTAL VII ELDER ABUSE PREVENTION									

SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

CONTRACT PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:
SERVICE CATEGORIES	(a) Total Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
	(c) Cash		(d) In-Kind	(f) Cash		(g) In-Kind		
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Total Supplemental Services								
TOTAL III E DIRECT SERVICES								

SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

CONTRACT PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:
SERVICE CATEGORIES	(a) Total Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Total Supplemental Services								
TOTAL III E CONTRACTED SERVICES								
TOTAL III E DIRECT & CONTRACTED SERVICES								

SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS

[illegible]

SCHEDULE OF COMMUNITY-BASED SERVICES PROGRAMS (CBSP)

CONTRACT PERIOD:	[] ORIGINAL [] REVISION NO.:			CONTRACT NO.:		DATE:	PSA NO.:
PROGRAMS	(a) Total Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions	
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind
PART I DIRECT SERVICES							
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Direct Services							
PART II CONTRACTED SERVICES							
Linkages							
Senior Companion							
Brown Bag Program							
Respite Purchase of Service (RPOS)							
ADCRC							
Total Contracted Services							
Total Direct & Contracted Community-Based Services Programs							

[illegible]

CLOSEOUT FOR FEDERAL & NSIP ONE-TIME-ONLY

Instructions: This is not a separate closeout for One-Time-Only. Include these costs on Pages 1-15 and Page 17.

CONTRACT PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:
III B	Budget Display	Federal Share	Unexpended Amount	III E	Budget Display	Federal Share	Unexpended Amount
Personal Care				Outreach			
Homemaker				Community Education			
Chore				Information & Assistance			
Adult Day/Health Care				Comprehensive Assessment			
Case Management				Case Management			
Assisted Transportation				Transportation			
Transportation				Assisted Transportation			
Legal Assistance				Counseling			
Information & Assistance				Caregiver Support Group			
Outreach				Caregiver Training			
Housing				III E Respite Care Services			
Alzheimer's (In-Home)*				Minor Home Modification			
Security/Crime				Placement			
Health				Homemaker			
Mental Health				Chore			
Comm Svcs/Senior Center Mgt				Home Security and Safety			
Employment				Visiting			
Consumer				Assistive Devices			
Visiting				Home Delivered Meals			
In-Home Respite				Legal Assistance			
Minor Home Modification				Income Support/Material Aid			
Ombudsman				Translation			
Total III B OTO				Peer Counseling			
				Money Management			
III C-1	Budget Display	Federal Share	Unexpended Amount	Total III E OTO			
Congregate Meals (III C-1)				III D	Budget Display	Federal Share	Unexpended Amount
Nutrition Counseling (III C-1)				Nutrition Counseling (III D)			
Nutrition Education (III C-1)				Nutrition Education (III D)			
Total III C-1 OTO				Disease Prev & Health Prom (III D)			
				Medication Management (III D)			
III C-2	Budget Display	Federal Share	Unexpended Amount	Total III D OTO			
Home Delivered Meals (III C-2)							
Nutrition Counseling (III C-2)				VII	Budget Display	Federal Share	Unexpended Amount
Nutrition Education (III C-2)				Ombudsman (VII Omb)			
Total III C-2 OTO				Elder Abuse Prev (VII EAP)			
NSIP	Budget Display	NSIP Expended	Unexpended Amount				
III C-1 NSIP OTO							
III C-2 NSIP OTO							

